EMT-Intermediate/85 Application of Emergency	gistry Name o	omitting this appling in of Facility on	City Da	Office Use Only te Received e Number	
Application Date Medical Technici Social Securi	State		e (MM/DD/YY)	ritten Exam Date	
Have you ever applied for NREMT-I/85 registration? Yes No Please list your current NREMT-B number. If you do not possess current National Registration, please list your current state EMT certification number					
Last Name		t Name		MI	
Mailing Address City	State Zip Code	+ 4	Gender O Male O Female	Program Code Date of Birth	
Primary Occupation	<u> </u>	nployed by			
APPROVED EMT-I/85 COURSE: Applicant must have completed an approved EMT-I/85 Training Program that equals or exceeds the objectives of the National Standard EMT-I/85 Curriculum. Attach a copy of your course completion certificate or a copy of your current EMT-I/85 card. If your initial EMT-I/85 training program is more than two years old and you hold current state certification as an EMT-I/85, you must document completion of 36 hours of approved EMT-I/85 refresher training within the past two years and attach official documentation to this application.					
Name of initial training institution or agency	Street Address		City	State Zip Code	
	ield Internship Hours		-	efresher Completion Date	
Physician Director		Instructor/Cou	rse Coordinator		
- I	dicate the type of EM I be affiliated with. (m	-	Will you be paid for you services as an EMT-I/85	_	
High school graduate/GED Privation Associate's degree Hosp	oital-Based Nav Service Air I	ny	✓ Yes✓ No✓ Not yet affiliated	Native AmericanAsianBlackHispanicWhiteOther	
Felony Statement Yes No No Have you ever been convicted of a felony Have you ever been subject to limitation, suspension, or termination of your right to practice in a health care occupation or voluntarily surrendered a health care licensure in any state or to an agency authorizing the legal right to work?					
Candidate Statement and Signature: I hereby affirm and declare that the above information on this application is true and correct and that any fraudulent entry may be considered a sufficient cause for rejection or subsequent revocation. I further agree to abide by all policies and procedures of the National Registry of EMTs, and hereby authorize the NREMT to release my examination scores to the teaching institution/agency, any state office of Emergency Medical Services, or any agency authorizing the legal right to practice. I further permit the NREMT to release my current status (registered or not registered) with the NREMT to the public 30 days following mailing of my test scores.					
Physician Statement and Signature: As Medical Director of EMT-I/85			Physician Name (Print or Type)		
Operations, I hereby affirm and declare that is in good standing within our system or educational program and that he/she has completed an approved EMT-Intermediate/85 training program that equals or exceeds			Physician Signature License # and Issuing State		
the behavioral objectives of the National Stan		·	License # and issuing s	Juie	

CPR Credential

performed satisfactorily so as to be de	eemed competent in each of the following skills:					
Adult 1 & 2 Rescuer CPR Adult Obstructed Airway Maneuvers Child CPR Child Obstructed Airway Maneuvers Infant CPR Infant Obstructed Airway Maneuvers	Verifying Signature CPR Expiration Date	Date Date				
Statement of Competency in EMT-Basic Skills						
As the EMT-Intermediate/85 Training Program Director or service director of training/operations, I verify that						
Spinal Immobilization (Seated Patient)	Spinal Immobilization (Supine Patient)	Bleeding Control/Shock Management				
Signature:	Date:					
Name (Please Print)						

National Registry EMT-Intermediate/85 Application Information

Telephone #

Entry Requirements:

Title (Please Print)

- 1. Current National registration or state certification at the EMT-Basic level.
- 2. Current CPR credential verifying competence in the skills listed in the "CPR Credential" section of this application.

As the candidate's CPR instructor/training officer, I hereby verify the candidate has been examined and

- 3. Successful completion of a state-approved EMT-Intermediate/85 training program within the past 24 months, that equals or exceeds the behavioral objectives of the EMT-Intermediate/85 National Standard Curriculum as developed and promulgated by the U.S. Department of Transportation.
- 4. If the candidate's initial Intermediate/85 training completion date is beyond 24 months and the candidate has maintained state certification as an EMT-I/85, the candidate must document completion of 36 hours of approved Intermediate/85 refresher training that meets all objectives of the current EMT-Intermediate/85 National Standard Refresher curriculum. Program completion date can be no older than 24 months from the date of testing.
- 5. Submission of a completed application attesting the above requirements as well as all other published entry requirements of the National Registry of EMTs. The official application must be signed by the Physician Medical Director of Training/Operations, attesting to the candidate's good standing within the educational program or service and that he/she has completed the requisite training. Competency in EMT-Basic skills must also be verified by the EMT-Intermediate/85 Training Program Director or service director of training/operations. Applications submitted for each re-examination must also be completed in their entirety and signed in an original fashion.
- 6. Submission of the appropriate fee. Registration fee for first time candidates is \$35.00. This fee will increase to \$45.00 effective January 1, 2002. All re-attempts of the examination will require the submission of a \$35.00 registration fee. This fee will increase to \$45.00 effective January 1, 2002. All fees should be submitted in the form of a money order or certified bank check. Personal checks will not be accepted.
- 7. Successful completion of the National Registry EMT-Intermediate/85 written and practical examinations.

Checklist for Submitting an Application for the National Registry EMT-Intermediate/85 Examination Process:

- 1. Have you, your physician medical director, and your training director or service director of training/operations signed the application? Applications submitted for each re-examination must also be completed in their entirety and signed in an original fashion.
- 2. Have you affixed a copy of your CPR card which will be current and valid at the time of the examination or has your CPR instructor affixed his or her signature to the appropriate space in the "CPR Credential" section of this application?
- 3. Have you or your program director attached to this application official documentation of successful completion of state-approved EMT-Intermediate/85 training which meets or exceeds the behavioral objectives of the EMT-Intermediate/85 National Standard Curriculum as developed and promulgated by the U.S. Department of Transportation
- 4. Have you attached a copy of a current state or National EMT-B card at a minimum? If you currently possess state certification as an EMT-Intermediate/85, a copy of your current EMT-I/85 card may be attached in lieu of any other state card.
- 5. Have you filled in all of the information requested on the application, including the felony statement?
- 6. Have you attached a certified bank check or money order in the appropriate amount to this application? All attempts of the written examination require submission of a \$35.00 certified bank check or money order. The fee will increase to \$45.00 effective January 1, 2002.
- 7. Have you made reservations with the examination coordinator of this test site by the scheduled deadline? Reservations must be made at least three (3) weeks in advance of the examination.
- 8. Be sure to bring an official photo identification (driver's license) and two #2 pencils to the examination site.
- 9. Send application to: National Registry of Emergency Medical Technicians, PO Box 29233, Columbus, Ohio 43229.
- 10. For more information please visit our homepage at http://www.nremt.org or contact us via telephone at (614)888-4484.

Payments or contributions to the NREMT are not deductible as charitable contributions for Federal Income Tax purposes. Payments may be deductible as a business expense. If in doubt, please contact your tax advisor.

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